





PATENT APPLICATION FEE DETERMINATION RECORD

09/179.002

Application or Docket Number

Effective October 1, 1997 (59/1/9, 002.										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPEO		OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA					RATE	FEE		RATE	FEE	
BASIC FEE							395.00	OR		790.00
TOTAL CLAIMS						x\$ 11 =		OR	x\$22=	\$36
INDEPENDENT CLAIMS // minus 3 = *						x41=		OR	X82=	624
MULT	IPLE DEPEND	ENT CLAIM PRES	SENT	+135=		OR	+270=			
* If th	e difference in co	TOTAL		OR	TOTAL	2098				
CLAIMS AS AMENDED - PART II						SMALL ENTITY		OR	OTHER THAN	
ENTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total	*	Minus	**	=	x\$11=		OR	x\$22=	·
AMENDMENT	independent	*	Minus	***	=	x41=		OR	x82=	
۷	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM	+135=		OR	+270=	
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
DMENT B	1084 1176 128	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQI	Total	*	Minus	**	=	x\$11=		OR	x\$22≃	
AMEN	Independent	*	Minus	***	=	x41=		OR	x82=	
۷	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM	+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							OR ADDIT. FEE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=	x41=		OR	x82=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

*U.S. Government Printing Office: 1997 - 430-571/69194

This Form is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/179,002

Total Fee Calculation

		Totali	,0 041044		•			
	Fee Code	Total # Claims	Number Extra	<u> </u>	Fee	Fee		Totai
	Sm/Lg.	1.00			Sm. Entity	Lg. Entity	,	_
Basic Filing Fee	201/101	No.					= ,	<u>)90</u>
Total Claims >20	203/103	<u></u>	$o = \frac{6}{}$	X	<u>. </u>	22	/= /=	1342
Independent Claims >3	202/102	16 -3	= 13	X		82	=	406C
Mult. Dep Claim Present	204/104					•	=	270
Surcharge	205/105	•			<u></u>		=	130
English Translation	139							
TOTAL FEE CALCUL	ATION	•				•	ميمير	359
Fees due upon filing	the applicati	on:	•		·		.	
Total Filing Fees Du	ne = \$	3,798			•			
Less Filing Fees Sub	omitted - S			· -				
BALANCE DUE	= 5	3,598						. •
The Villa	[0]30	JGB tion						

FORM OIPE-RAM-01 (Rev. 12/97)